3/ 24

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/09/2010 **FORM APPROVED** OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER PIONEER TRACE NURSING HOME (A4) ID PREFIX TAGE (EACH DEFICIENCY MUST BE PRECIDED BY FULL REGULATORY OR LEG IDENTIFYING INFORMATION) F 000 INITIAL COMMENTS A Standard Recertification and Abbreviated Survey, for ARO KY # 00014884 was conducted 08/24/10 through 08/26/10. A Life Safety Code Survey was conducted on 08/24/10. Deficiencies were cited with the highest scope and severity of a "F". ARO number KY00014884 was substantiated with deficiencies cited. F 157 SS=D A facility must immediately inform the resident; consult with the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or olinical complications); a need to discontinue an existing form of treatment dure to, adverse		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION	(X3) DATE SU COMPLE	
PIONEER TRACE NURSING HOME (XA) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY PULL TAG) FROM INITIAL COMMENTS A Standard Recertification and Abbreviated Survey, for ARO KY # 00014884 was conducted 08/24/10 through 08/26/10. A Life Safety Code Survey was conducted on 08/24/10. Deficiencies were cited with the highest scope and severity of a "F". ARO number KY00014884 was substantiated with deficiencies cited. F 157 483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately Inform the resident; consult with the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, a) or psychosocial status in either life threatening conditions or olinical complications); a need to discontinue an existing form of treatment due to, adverse		٠	195314				1	· .
RUMMARY STATEMENT OF DEPICIENCIES FOOD REGULATORY OR LEG IDENTIFYING INFORMATION PREFIX REGULATORY OR LEG IDENTIFYING INFORMATION PROPRIATE OF CORRECTION SHOULD BE CROSS-REFERRANCED TO THE APPROPRIATE OF CORRECTION SHOULD BE CROSS-REFERRANCED TO THE APPROPRIATE OF CROSS-REFERRA			IOME		11	6 PIONEER TRACE		
A Standard Recertification and Abbreviated Survey, for ARO KY # 00014884 was conducted 08/24/10 through 08/26/10. A Life Safety Code Survey was conducted on 08/24/10. Deficiencles were cited with the highest scope and severity of a "F". ARO number KY00014884 was substantiated with deficiencies cited. F 157 S8=D (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physican; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to discontinue an existing form of treatment due to adverse	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREF	х	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS'REFERENCED TO THE APPR	ULD BE	(X5) COMPLETION DATE
consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update	F 157 SS=D	A Standard Recent Survey, for ARO K 08/24/10 through (Survey was conduct were cited with the a "F". ARO number substantiated with 483.10(b)(11) NOT (INJURY/DECLINE) A facility must immon consult with the resident involving the regulation of the consult with the resident involving the regulation of the consequences, or treatment); or a deterioration in heat the resident from the status in either tife clinical complication of the consequences, or treatment); or a deterioration in heat the resident from the status in either tife clinical complication of the consequences, or treatment); or a deterioration in heat the resident from the status in either tife clinical complication of the resident from the status in facility must all and, if known, the resident rights und regulations as specified in \$483. resident rights und regulations as specified in section. The facility must resident from the section.	distriction and Abbreviated Y # 00014884 was conducted 08/26/10. A Life Safety Code of the don 08/24/10. Deficiencies highest scope and severity of or KY00014884 was deficiencies cited. IFY OF CHANGES E/ROOM, ETC) ediately inform the resident; sident's physician; and if esident's legal representative mily member when there is an incontral for requiring physician ifficant change in the resident's resident which results in cotential for requiring physician ifficant change in the resident's resychosocial status (i.e., a aith, mental, or psychosocial threatening conditions or ns); a need to alter treatment need to discontinue an atment due to adverse to commence a new form of cision to transfer or discharge ne facility as specified in so promptly notify the resident resident's legal representative member when there is a roommate assignment as 15(e)(2); or a change in er Federal or State law or cified in paragraph (b)(1) of ecord and periodically update	F	157	This plan of correction is not establish any standard of care obligation or position and Pin Nursing Home reserves the reall possible contentions and any type of civil or criminal action or proceeding. Nothing in this plan of correction shour considered as a waiver to any applicable peer review, quality or self critical examination pushich Pioneer Trace Nursing does not waive and reserves assert any administrative, civil criminal action or proceeding Trace Nursing Home offers it responses, credible allegation compliance and plan of correspart of its ongoing efforts to quality of care to residents. SEP 17 2010	e, contract oneer Trace ight to rai- defenses in claims, ng contain uld be y potential ity assuran rivileges g Home the right to vil, or g. Pioneen its ns of ection as	ce se n ed lly ace

Any deficiency statement ending with an asterisk (*) denotes a deliciency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deliciencies are cited, an approved plan of correction is requisite to continued program participation.

Facility ID: 100484

, W

INVESTIGATION NUMBER: 185314 A BUILDING BUILDING	CENTE	RS FOR MEDICARE	E & MEDICAID SERVICES		·	OMB NO.	0936-0391
NAME OF PROVIDER OR SUPPLIER PIONEER TRACE NURSING HOME STREET ADDRESS, CITY, STATE, 2P CODE 116 PIONEER TRACE	STATEMENT AND PLAN (OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		· ·	(X3) DATE BU	IRVEY
PIONEER TRACE NURSING HOME SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCY MUST SEP PRECEDED BY FULL (EACH DEFICIENCY) PREPRY TAM						~ (oʻ
PIONEER TRACE NURSING HOME page 16 PROPERTY REPORT REPO			185314	B. WING		08/26	6/201Ò
PAPID REPRETAL TO PROPERLY WILD'T BE PRECIDED BY PULL REGULATORY OR LEC IDENTIFYING INFORMATION) F 157 Continued From page 1 the address and phone number of the resident's logal representative or Interested family member. This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined the facility felled to protect and promote the rights of resident(s) in one (1) of fifteen (15) residents, Resident #15. On O3/18/10, Resident #15 was discharged from the facility and admitted to the hospital. This resident was readmitted to the facility on O3/28/10 into a different room. However, the Power of Attorney was not notified of the room change. The findings include: Review of the facility's Resident Rights Policy revealed: Under the section titled Notice of Rights and Services, #10 ii: "the facility will promptly notify the residents' legal representative or interested family member when there is - A. A change in room or roommate assignment." Heview of Resident #15 clinical record revealed the resident was admitted with diagnoses which included Hypertension, Diabetes Mellitus and Dementia. On 08/24/10 at 4:00 PM, interview with the resident's Daughter revealed she was not aware of Resident #15 being readmitted to a different room post hospital discharge (for previously stated date). Further interview revealed the Daughter came to the facility to see the resident shortly after being readmitted and did not find the resident in his/fer usual room. When she did			IOME		115 PIONEER TRACE		
F157 Continued From page 1 the address and phone number of the resident's legal representative or interested family member. This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined the facility failed to protect and promote the fights of resident(s) in one (1) of fifteen (15) residents, Resident #15. On 03/18/10, Resident #15 to a stieve the facility on a different room. However, the Power of Attorney was not notified of the room change. The findings include: Review of the facility's Resident Rights Policy revealed: Under the section titled Notice of Rights and Services, #10 ii. "the facility will be resident's legal representative or interested family member when there is - A. A change in room or roommate assignment." Review of Resident #15 continued with diagnoses which included Hyperfension, Diabetes Mellitus and Dementia. On 08/24/10 at 4:00 PM, interview with the resident's being readmitted to new facility see the resident shortly after being readmitted and did not find the resident in his/her busing readmitted and did not find the resident in his/her usual room. The findings include: F 157 Resident #15 was readmitted to the facility to a different room due to his increasing behaviors possibly affecting others. When the resident #15 on the facility to a different room due to his increasing behaviors possibly affecting others. When the resident #15 in the facility to a different room due to his increasing behaviors possibly affecting others. When the resident #15 in the facility to a different room due to his increasing behaviors possibly affecting others. When the resident #15 in the facility to a different room due to his increasing behaviors possibly affecting others. When the resident #15 on the facility in the facility to a different room due to his facility to a different room changes of Possible #15 on the facility of the legal representatives or interested family member of any room changes that occur and SSD and Nurses were in-serviced by the Admin		· · · · · · · · · · · · · · · · · · ·	<u> </u>		FLEMINGSBURG, KY 41041		
the address and phone number of the resident's legal representative or interested family member. This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined the facility to a different room due to his increasing behaviors possibly affecting others. When the resident POA visited the facility on different residents, Resident #15 on O3/18/10, Resident #15 was discharged from the facility and admitted to the hospital was readmitted to the facility on 03/29/10 into a different room. However, the Power of Attorney was not notified of the room change. The findings include: Review of the facility's Resident Rights Policy revealed: Under the section titled Notice of Rights and Services, #10 ii : "the facility will promptly notify the residents" legal representative or interested family members were notified of room changes on 09/11/10. No residents were found to be affected by this deficient practice. The Unit Coordinator and DON reviewed all current residents charts to ensure that coordinator and DON reviewed all current residents were found to be affected by this deficient practice. The Unit Coordinator and DON reviewed all current residents charts to ensure that coordinator and DON reviewed all current residents charts to ensure that coordinator and DON reviewed all current residents charts to ensure that the legal representatives or interested family members were notified of any accidents, significant changes, the need to alter treatment, and transfers or discharges on 09/15/10 and 09/16/10. No residents were found to be affected by this deficient practice. The Social Services Director and/or Charge Nurse will notify the legal representative or interested family members were notified of any accidents, significant changes, the need to alter treatment, and transfers or discharges on 09/15/10 and 09/16/10. No residents were found to be affected by this deficient practice. The Social Services Director and/or Charge Nurse will notify the legal representative or interested famil	PAEFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP	DULO BE	(X6) COMPLETION DATE
the address and phone number of the resident's legal representative or interested family member. This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined the facility tailed to protect and promote the rights of resident(s) in one (1) of lifteen (15) residents, Resident #15. On 03/18/10, Resident # 15 was discharged from the facility and admitted to the hospital. This resident was readmitted to the hospital by on 03/29/10 into a different room. However, the Power of Attorney was not notified of the room change. The findings include: Review of the facility's Resident Rights Policy revealed: Under the section titled Notice of Rights and Services, #10 ii : "the facility will promptly notify the resident when there is - A change in room or roommate assignment." Review of Resident #15 clinical record revealed the resident was admitted with diagnoses which included Hypertension, Diabetes Melitus and Dementia. On 08/24/10 at 4:00 PM, interview with the resident's Daughter revealed she was not aware of Resident #15 being readmitted to a different room due to his increasing behaviors possibly affecting others. When the resident #15 is new toom due to his increasing behaviors possibly affecting others. When the resident #15 is new toom due to his increasing behaviors possibly affecting others. When the resident #15 is new toom due to his increasing behaviors possibly affecting others. When the resident #15 is new toom due to his increasing behaviors possibly affecting others. When the resident #15 is new toom due to his increasing behaviors possibly affecting others. When the resident #15 is new toom of (1) of fifteen (15) if the facility will be cation of Resident #15 is new room. The social current residents *15 is new room. The facility will current resident #15 on longer resident in the facility. The Social Services Director and to be affected by this deficient practice. The Social Services Di	F 157	Continued From pa	age 1	F 15	7 7		
This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined the facility failed to protect and promote the rights of resident (s) in one (1) of fifteen (15) resident # 15 was discharged from the facility and admitted to the hospital. This resident was readmitted to the facility on 03/29/10 into a different room. However, the Power of Attorney was not notified of the room change. The findings include: Review of the facility's Resident Rights Policy revealed: Under the section titled Notice of Rights and Services, #10 ii. "the facility will promptly notily the residents' legal representative or interested family member when there is - A. A change in room or roommate assignment." Review of Resident #15 clinical record revealed the resident was admitted with diagnoses which included Hypertension, Diabetes Mellitus and Dementia. On 08/24/10 at 4:00 PM, interview with the resident #15 being readmitted to a different room doe to bis increasing behaviors possibly affecting others. When the resident POA visited the facility she was informed by staff the location of Resident #15's new room. Resident #15's new room. Resident #15 to longer resides in the facility she was informed by staff the location of Resident #15's new room. Resident #15 to longer resides in the facility she was informed by staff the location of Resident #15's new room. Resident #15 to longer resides in the facility she was informed by staff the location of Resident #15's new room. Resident #15 to longer resides in the facility she was informed by staff the location of Resident #15's new room. Resident #15's no longer resides in the facility she was informed by staff the location of Resident #15's new room. Resident #15's no longer resides in the facility she was informed by staff the location of Resident #15' no longer resides in the facility she was informed by staff the location of Resident #15' no longer resides in the facility she was informed by staff the location of Resident #15' no longer resides in	•	the address and pl	none number of the resident's		F 157		ľ
This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined the facility failed to protect and promote the rights of resident(s) in one (1) of lifteen (15) residents, social services in the facility she was informed by staff the location of Resident # 15 's new room. Resident # 15 was discharged from the facility and admitted to the facility on 03/29/10 into a different room. However, the Power of Attorney was not notified of the room change. The findings include: Review of the facility's Resident Rights Policy revealed: Under the section titled Notice of Rights and Services, #10 ii : "the facility will promptly notify the residents' legal representative or interested family member when there is - A. A change in room or roommate assignment." Review of Resident #15 clinical record revealed the resident was admitted with diagnoses which included Hypertension, Diabetes Mellitus and Dementia. On 08/24/10 at 4:00 PM, interview with the resident's Daughter revealed she was not aware of Resident #15 being readmitted to a different room post hospital discharge (for previously stated date). Further interview revealed the Daughter came to the facility to see the resident shortly after being readmitted and did not find the resident in his/her usual recommendation of Resident #15 no longer resides in the facility. The Social Services Director reviewed all current residents to ensure that the legal representatives or interested family members were notified of room changes on 09/11/10. No residents were found to be affected by this deficient practice. The Unit Coordinator and DoN reviewed all current residents charges on opyli/10. No residents were notified of room changes on 09/15/10 and 09/16/10. No residents were found to be affected by this deficient practice. The Social Services Director and/or Charge Nurse will notify the legal representative or interested family member of any room changes that occur and SSD and Nurses were interested family member of any room changes that		legal representative	e or interested family member.		Resident #15 was readmitted	i to the	
by: Based on interview and record review, it was determined the facility failed to protect and promote the rights of resident(s) in one (1) of fifteen (15) residents, Resident #15 one (1) of fifteen (15) residents, Resident #15 was discharged from the facility and admitted to the hospital. This resident was readmitted to the facility on 03/29/10 Into a different room. However, the Power of Attorney was not notified of the room change. The findings include: Review of the facility's Resident Rights Policy revealed: Under the section titled Notice of Rights and Services, #10 ii : "the facility will promptly notify the residents' legal representative or interested family member when there is - A. A change in room or roommate assignment." Review of Resident #15 clinical record revealed the resident was admitted with diagnoses which included Hypertension, Diabetes Mellitus and Dementia. On 08/24/10 at 4:00 PM, interview with the resident's Daughter revealed she was not aware of Resident #15 being readmitted to a different room post hospital discharge (for previously stated date). Further interview revealed the Daughter came to the facility she was informed by staff the location of Resident #15 no longer resides in the facility. The Social Services Director reviewed all current residents charts to ensure that the legal representatives or interested family members were notified of room changes on 09/11/10. No residents were found to be affected by this deficient practice. The Unit Coordinator and DON reviewed all current residents charts to ensure that the legal representatives or interested family members were notified of ramily members					facility to a different room d	ue to his	•
Based on interview and record review, it was determined the facility alled to protect and promote the rights of resident(s) in one (1) of fifteen (15) residents, Resident #15. On O3/18/10, Resident #15 was discharged from the facility and admitted to the hospital. This resident was readmitted to the facility on O3/29/10 into a different room. However, the Power of Attorney was not notified of the room change. The findings include: Review of the facility's Resident Rights Policy revealed: Under the section titled Notice of Rights and Services, #10 ii : "the facility will promptly notify the residents' legal representative or interested family member when there is - A. A change in room or roommate assignment." Review of Resident #15 clinical record revealed the resident was admitted with diagnoses which included Hypertension, Diabetes Mellitus and Dementia. On 08/24/10 at 4:00 PM, interview with the resident's Daughter revealed she was not aware of Resident #15 being readmitted to a different room post hospital discharge (for previously stated date). Further interview revealed the Daughter came to the facility she was informed by staff the location of Resident #15 to longer resides in the facility. The Social Services Director reviewed all current residents' charts to ensure that the legal representatives or interested family members were notified of room changes on 09/11/10. No residents were found to be affected by this deficient practice. The Unit Coordinator and DON reviewed all current residents of room changes on 09/11/10. No residents were found to be affected by this deficient practice. The Unit current residents of room changes on 09/15/10 and 09/16/10. No residents were found to be affected by this deficient practice. The Unit current residents of reviewed all current residents' charts to ensure that the legal representatives or interested family members were notified of any accidents, significant changes, the need to alter treatment, and transfers or discharges on 09/15/10 and 09/16/10. No resident			NT is not met as evidenced				
determined the facility failed to protect and promote the rights of resident(s) in one (1) of filteen (15) residents, Resident #15. On 03/18/10, Resident #15 was discharged from the facility and admitted to the hospital. This resident was readmitted to the facility on 03/29/10 into a different room. However, the Power of Attorney was not notified of the room change. The findings include: Review of the facility's Resident Rights Policy revealed: Under the section titled Notice of Rights and Services, #10 ii : "the facility will promptly notify the residents' legal representative or interested family member when there is - A. A change in room or roommate assignment." Review of Resident #15 clinical record revealed the resident was admitted with diagnoses which included Hypertension, Diabetes Mellitus and Dementia. On 08/24/10 at 4:00 PM, interview with the resident #15 being readmitted to a different room post hospital discharge (for previously stated date). Further interview revealed the Daughter came to the facility to see the resident shortly after being readmitted and did not find the resident in his/her usual room. When she did			and an and an indicate the same				
promote the rights of residents, in one (1) of fifteen (15) residents, Resident #15. On O 03/18/10, Residents, Resident #15. On O 03/18/10, Residents, Resident #15. On O 03/18/10, Resident #15. On O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		determined the fac	ility failed to protect and			•	
fifteen (15) residents, Resident #15. On 03/18/10, Resident # 15 was discharged from the facility and admitted to the hospital. This resident was readmitted to the facility on 03/29/10 into a different room. However, the Power of Attorney was not notified to the facility on 03/29/10 into a different room. However, the Power of Attorney was not notified to the facility on 03/29/10 into a different room change. The findings include: Review of the facility's Resident Rights Policy revealed: Under the section titled Notice of Rights and Services, #10 ii: "the facility will promptly notify the residents' legal representative or interested family members were notified of room changes on 09/11/10. No residents were found to be affected by this deficient practice. The Unit Coordinator and DON reviewed all current residents were found to be affected by this deficient practice. The Unit Coordinator and DON reviewed all current residents were found to be affected by this deficient practice. The Unit coordinate and poly interested family members were notified of any accidents, significant changes, the need to alter treatment, and transfers or discharges on 09/15/10 and 09/16/10. No residents were found to be affected by this deficient practice. The Social Services Director and/or Charge Nurse will notify the legal representative or interested family members were notified of room changes on 09/15/10 and 09/16/10. No residents were found to be affected by this deficient practice. The Social Services Director and/or Charge Nurse will notify the legal representative or interested family members were notified of room changes on 09/15/10. No residents were found to be affected by the legal representatives or interested family members were notified of any accidents, significant changes, the need to alter treatment, and transfers or discharges on 09/15/10. No residents #15 being readmitted to a different room post hospital discharge for the facility will prompts were notified of room changes on 09/15/10. No residents #15 being r		promote the rights of resident(s) in one (1) of					ı
reviewed all current residents' charts to ensure that the legal representatives or interested family members were notified of room changes on 09/11/10. No residents were found to be affected by this deficient practice. The Unit Coordinator and DON reviewed all current residents' charts to ensure that the legal representatives or interested family members were notified of room changes on 09/11/10. No residents were found to be affected by this deficient practice. The Unit Coordinator and DON reviewed all current residents of room changes on 09/11/10. No residents were found to be affected by this deficient practice. The Unit current residents charts to ensure that promptly notify the residents' legal representative or interested family members were notified of room changes on 09/11/10. No residents and DON reviewed all current residents' charts to ensure that the legal representatives or interested family members were notified of room changes on 09/11/10. No residents and DON reviewed all current residents' charts to ensure that the legal representatives or interested family members were notified of room changes on 09/11/10. No residents were found to be affected by the legal representatives or interested family members were notified of room changes on 09/11/10. No residents and DON reviewed all current residents' charts to ensure that the legal representatives or interested family members were notified of room changes on 09/11/10. No residents and DON reviewed all current residents' charts to ensure that the legal representatives or interested family members were notified of room changes on 09/11/10. No residents were found to be affected by the legal representatives or interested family members were notified of any accidents, significant changes, the need to alter treatment, and transfers or discharges on 09/15/10 and 09/16/10. No residents were found to be affected by this deficient practice. The Unit current residents' charts to ensure that the legal representatives or interested family members were notified		fifteen (15) residen	ts, Resident #15. On		· · · · · · · · · · · · · · · · · · ·		
was readmitted to the facility on 03/29/10 into a different room. However, the Power of Attorney was not notified of the room change. The findings include: Review of the facility's Resident Rights Policy revealed: Under the section titled Notice of Rights and Services, #10 ii : " the facility will promptly notify the residents' legal representative or interested family member when there is - A. A change in room or roommate assignment." Review of Resident #15 clinical record revealed the resident was admitted with diagnoses which included Hypertension, Diabetes Mellitus and Dementia. On 08/24/10 at 4:00 PM, interview with the resident's Daughter revealed she was not aware of Resident #15 being readmitted to a different room post hospital discharge (for previously stated date). Further interview revealed the Daughter came to the facility to see the resident shortly after being readmitted and did not find the resident in his/her usual room. When she did		03/18/10, Residen	t # 15 was discharged from the				
different room. However, the Power of Attorney was not notified of the room change. The findings include: Review of the facility's Resident Rights Policy revealed: Under the section titled Notice of Rights and Services, #10 ii : " the facility will promptly notify the residents' legal representative or interested family member when there is - A. A change in room or roommate assignment." Review of Resident #15 clinical record revealed the resident was admitted with diagnoses which included Hypertension, Diabetes Mellitus and Dementia. On 08/24/10 at 4:00 PM, interview with the resident's Daughter revealed she was not aware of Resident #15 being readmitted to a different room post hospital discharge (for previously stated date). Further interview revealed the Daughter came to the facility to see the resident shortly after being readmitted and did not find the resident in his/her usual room. When she did		was readmitted to	d to the hospital. This resident		I control of the cont		
was not notified of the room change. The findings include: Review of the facility's Resident Rights Policy revealed: Under the section titled Notice of Rights and Services, #10 ii." the facility will promptly notify the residents' legal representative or interested family member when there is - A. A change in room or roommate assignment." Review of Resident #15 clinical record revealed the resident was admitted with diagnoses which included Hypertension, Diabetes Mellitus and Dementia. On 08/24/10 at 4:00 PM, interview with the resident's Daughter revealed she was not aware of Resident #15 clange through the revealed she was not aware of Resident #15 clange through the resident's Daughter revealed she was not aware of Resident at the facility to see the resident shortly after being readmitted and did not find the resident in his/her usual room. When she did		different room. Ho	wavar, the Power of Attorney				
Review of the facility's Resident Rights Policy revealed: Under the section titled Notice of Rights and Services, #10 ii : " the facility will promptly notily the residents' legal representative or interested family member when there is - A. A change in room or roommate assignment." Review of Resident #15 clinical record revealed the resident was admitted with diagnoses which included Hypertension, Diabetes Mellitus and Dementia. On 08/24/10 at 4:00 PM, interview with the resident #15 being readmitted to a different room post hospital discharge (for previously stated date). Further interview revealed the Daughter came to the facility to see the resident shortly after being readmitted and did not find the resident in his/her usual room. When she did		was not notified of	the room change.		interested family members v	vere notifie	ed
Review of the facility's Resident Rights Policy revealed: Under the section titled Notice of Rights and Services, #10 ii : " the facility will promptly notify the residents' legal representative or interested family member when there is - A. A change in room or roommate assignment." Review of Resident #15 clinical record revealed the resident was admitted with diagnoses which included Hypertension, Diabetes Mellitus and Dementia. On 08/24/10 at 4:00 PM, interview with the resident #15 being readmitted to a different room post hospital discharge (for previously stated date). Further interview revealed the Daughter came to the facility to see the resident shortly after being readmitted and did not find the resident in his/her usual room. When she did					of room changes on 09/11/1	0. No	
revealed: Under the section titled Notice of Rights and Services, #10 ii : " the facility will promptly notify the residents' legal representative or interested family member when there is - A. A change in room or roommate assignment." Heview of Resident #15 clinical record revealed the resident was admitted with diagnoses which included Hypertension, Diabetes Mellitus and Dementia. On 08/24/10 at 4:00 PM, interview with the resident #15 being readmitted to a different room post hospital discharge (for previously stated date). Further interview revealed the Daughter came to the facility to see the resident shortly after being readmitted and did not find the resident in his/her usual room. When she did		The findings includ	e;		residents were found to be a	ffected by	
revealed: Under the section titled Notice of Rights and Services, #10 ii : " the facility will promptly notify the residents' legal representative or interested family member when there is - A. A change in room or roommate assignment." Review of Resident #15 clinical record revealed the resident was admitted with diagnoses which included Hypertension, Diabetes Mellitus and Dementia. On 08/24/10 at 4:00 PM, interview with the resident's Daughter revealed she was not aware of Resident #15 being readmitted to a different room post hospital discharge (for previously stated date). Further interview revealed the Daughter came to the facility to see the resident shortly after being readmitted and did not find the resident in his/her usual room. When she did		l Review of the facili	ty's Resident Bights Policy		this deficient practice. The	Unit	
Rights and Services, #10 ii : "the facility will promptly notify the residents' legal representative or interested family member when there is - A. A change in room or roommate assignment." Review of Resident #15 clinical record revealed the resident was admitted with diagnoses which included Hypertension, Diabetes Mellitus and Dementia. On 08/24/10 at 4:00 PM, interview with the resident's Daughter revealed she was not aware of Resident #15 being readmitted to a different room post hospital discharge (for previously stated date). Further interview revealed the Daughter came to the facility to see the resident shortly after being readmitted and did not find the resident in his/her usual room. When she did		revealed: Under th	ne section titled Notice of		Coordinator and DON revie	wed all	
the legal representatives or interested family member when there is - A. A change in room or roommate assignment." Heview of Resident #15 clinical record revealed the resident was admitted with diagnoses which included Hypertension, Diabetes Mellitus and Dementia. On 08/24/10 at 4:00 PM, interview with the resident #15 being readmitted to a different room post hospital discharge (for previously stated date). Further interview revealed the Daughter came to the facility to see the resident shortly after being readmitted and did not find the resident in his/her usual room. When she did the legal representatives or interested family members were notified of any accidents, significant changes, the need to alter treatment, and transfers or discharges on 09/15/10 and 09/16/10. No residents were found to be affected by this deficient practice. The Social Services Director and/or Charge Nurse will notify the legal representatives or interested to alter treatment, and transfers or discharges on 09/15/10 and 09/16/10. No residents were found to be affected by this deficient practice. The Social Services Director and/or Charge Nurse will notify the legal representatives or interested family members were notified of any accidents, significant changes, the need to alter treatment, and transfers or discharges on 09/15/10 and 09/16/10. No residents were found to be affected by this deficient practice. The Social Services Director and/or Charge Nurse will notify the legal representatives or interested family members were notified of any accidents, significant changes, the need to alter treatment, and transfers or discharges on 09/15/10 and 09/16/10. No residents were found to be affected by this deficient practice. The Social Services Director and/or Charge Nurse will notify the legal representatives or interested family members were notified of any accidents, significant changes, the need to alter treatment, and transfers or discharges on 09/15/10 and 09/16/10.	i	Rights and Service	s, #10 ii : " the facility will		current residents' charts to e	nsure that	
change in room or roommate assignment." Review of Resident #15 clinical record revealed the resident was admitted with diagnoses which included Hypertension, Diabetes Mellitus and Dementia. On 08/24/10 at 4:00 PM, interview with the resident's Daughter revealed she was not aware of Resident #15 being readmitted to a different room post hospital discharge (for previously stated date). Further interview revealed the Daughter came to the facility to see the resident shortly after being readmitted and did not find the resident in his/her usual room. When she did family members were notified of any accidents, significant changes, the need to alter treatment, and transfers or discharges on 09/15/10 and 09/16/10. No residents were found to be affected by this deficient practice. The Social Services Director and/or Charge Nurse will notify the legal representative or interested family member of any room changes that occur and SSD and Nurses were in-serviced by the Administrator on 09/13/10 and 9/14/10. The Social		promptly notify the	residents' legal representative				•
Review of Resident #15 clinical record revealed the resident was admitted with diagnoses which included Hypertension, Diabetes Mellitus and Dementia. On 08/24/10 at 4:00 PM, interview with the resident's Daughter revealed she was not aware of Resident #15 being readmitted to a different room post hospital discharge (for previously stated date). Further interview revealed the Daughter came to the facility to see the resident shortly after being readmitted and did not find the resident in his/her usual room. When she did accidents, significant changes, the need to alter treatment, and transfers or discharges on 09/15/10 and 09/16/10. No residents were found to be affected by this deficient practice. The Social Services Director and/or Charge Nurse will notify the legal representative or interested family member of any room changes that occur and SSD and Nurses were in-serviced by the Administrator on 09/13/10 and 9/14/10. The Social					the legal representatives or in	iterested	
the resident was admitted with diagnoses which included Hypertension, Diabetes Mellitus and Dementia. On 08/24/10 at 4:00 PM, interview with the resident's Daughter revealed she was not aware of Resident #15 being readmitted to a different room post hospital discharge (for previously stated date). Further interview revealed the Daughter came to the facility to see the resident shortly after being readmitted and did not find the resident in his/her usual room. When she did to alter treatment, and transfers or discharges on 09/15/10 and 09/16/10. No residents were found to be affected by this deficient practice. The Social Services Director and/or Charge Nurse will notify the legal representative or interested family member of any room changes that occur and SSD and Nurses were in-serviced by the Administrator on 09/13/10 and 9/14/10. The Social		Change in Toon of	TOOTHTI ALE SEED BY THE THE				
Included Hypertension, Diabetes Mellitus and Dementia. On 08/24/10 at 4:00 PM, interview with the resident's Daughter revealed she was not aware of Resident #15 being readmitted to a different room post hospital discharge (for previously stated date). Further interview revealed the Daughter came to the facility to see the resident shortly after being readmitted and did not find the resident in his/her usual room. When she did discharges on 09/15/10 and 09/16/10. No residents were found to be affected by this deficient practice. The Social Services Director and/or Charge Nurse will notify the legal representative or interested family member of any room changes that occur and SSD and Nurses were in-serviced by the Administrator on 09/13/10 and 9/14/10. The Social					_		
On 08/24/10 at 4:00 PM, interview with the resident's Daughter revealed she was not aware of Resident #15 being readmitted to a different room post hospital discharge (for previously stated date). Further interview revealed the Daughter came to the facility to see the resident shortly after being readmitted and did not find the resident in his/her usual room. When she did No residents were found to be affected by this deficient practice. The Social Services Director and/or Charge Nurse will notify the legal representative or interested family member of any room changes that occur and SSD and Nurses were in-serviced by the Administrator on 09/13/10 and 9/14/10. The Social							
On 08/24/10 at 4:00 PM, interview with the resident's Daughter revealed she was not aware of Resident #15 being readmitted to a different room post hospital discharge (for previously stated date). Further interview revealed the Daughter came to the facility to see the resident shortly after being readmitted and did not find the resident in his/her usual room. When she did			sion, Diabetes Mellitus and		discharges on 09/15/10 and 0	9/16/10.	
resident's Daughter revealed she was not aware of Resident #15 being readmitted to a different room post hospital discharge (for previously stated date). Further interview revealed the Daughter came to the facility to see the resident shortly after being readmitted and did not find the resident in his/her usual room. When she did Services Director and/or Charge Nurse will notify the legal representative or interested family member of any room changes that occur and SSD and Nurses were in-serviced by the Administrator on 09/13/10 and 9/14/10. The Social		Deinenga.	<u>`</u>				•
resident's Daughter revealed she was not aware of Resident #15 being readmitted to a different room post hospital discharge (for previously stated date). Further interview revealed the Daughter came to the facility to see the resident shortly after being readmitted and did not find the resident in his/her usual room. When she did Services Director and/or Charge Nurse will notify the legal representative or interested family member of any room changes that occur and SSD and Nurses were in-serviced by the Administrator on 09/13/10 and 9/14/10. The Social		On 08/24/10 at 4:0	0 PM, interview with the		by this deficient practice. Th	e Social	
room post hospital discharge (for previously stated date). Further interview revealed the Daughter came to the facility to see the resident shortly after being readmitted and did not find the resident in his/her usual room. When she did interested family member of any room changes that occur and SSD and Nurses were in-serviced by the Administrator on 09/13/10 and 9/14/10. The Social		resident's Daughte	r revealed she was not aware				
stated date). Further interview revealed the Daughter came to the facility to see the resident shortly after being readmitted and did not find the resident in his/her usual room. When she did changes that occur and SSD and Nurses were in-serviced by the Administrator on 09/13/10 and 9/14/10. The Social							
Daughter came to the facility to see the resident shortly after being readmitted and did not find the resident in his/her usual room. When she did 09/13/10 and 9/14/10. The Social							
shortly after being readmitted and did not find the resident in his/her usual room. When she did 09/13/10 and 9/14/10. The Social							
resident in his/her usual room. When she did 09/13/10 and 9/14/10. The Social		shortly after being	shortly after being readmitted and did not find the resident in his/her usual room. When she did				n
		resident in his/her i					1

TARKEMENT OF DEFICIENCIES (AT) PROVIDER ON SUPPLIER 185314 COMPLETED COMPLETED C	CENIEL	19 FOR MEDICAME	& MEDICAID SERVICES				CIMP IAC	0938-0391
I 185314 I 185514 I 185510 I 1855						_	COMPLETED	
PIONEER TRACE NURSING HOME Tap PROMEER TRACE PLEMMASBURG, KY 41041	· 		185314	B, WII	NG _			
F 157 Continued From page 2 stated: "This is not my room! My stuff has been moved around!" On 08/25/10 at 11:30 AM, interview with the facility Administrator revealed she did not know the usual procedure for notifying the family or responsible party regarding a bed change. Further interview revealed the Social Services Director was responsible for this category of resident care. On 08/25/10 at 2:35 PM, interview with the Social Services Director revealed she notified a resident's responsible party of bed changes as a courtesy to the responsible party of bed changes as a courtesy to the responsible party in the resident's unit to notify responsible parties of a resident room change when they are readmitted from the haspital or any other facility. On 08/25/10 at 2:35 PM, interview with LPN #3, who was Resident #15's admitting nurse on 03/29/10, revealed she spoke with his/her Daughter on the phone regarding the readmitted to a different room. Review of the Nurses' Notes revealed no documentation regarding family notification of room assignment change, related to Resident #15's admitting nurse on odocumentation regarding family notification of room assignment change, related to Resident #15's 483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN			OME		1"	15 PIONEER TRACE		
stated: "This is not my room! My stuff has been moved around!" On 08/25/10 at 11:30 AM, interview with the facility Administrator revealed she did not know the usual procedure for notifying the family or responsible party regarding a bed change. Further interview revealed the Social Services Director sent a request to verify current address and phone number of the residents' legal representative or interested family member on 09/16/10. Facility Administration reviewed current policy and procedure for notification of accidents, significant changes, the need to alter treatment, and transfers and discharges on 09/15/10 and the Unit Coordinators and DON in-serviced all Nurses on that resident's unit to notify responsible parties of a resident's unit to notify responsible parties of a resident rom change when they are readmitted from the hospital or any other facility. On 08/26/10 at 12:55 PM, interview with LPN #3, who was Resident #16's admitting nurse on 03/29/10, revealed she spoke with his/her Daughter on the phone regarding the freadmission on that date but could not recall it she specifically told the Daughter the resident was readmitted to a different room. Review of the Nurses' Notes revealed no documentation regarding family notification of the legal representative or interested family member of any room changes that occur. The Unit Coordinators will monitor the Charge nurses daily (Sunday—Saturday) to ensure prompt notification of the legal representative or interested family member of any room changes that occur. The Unit Coordinators will monitor the Charge nurses daily (Sunday—Saturday) to ensure prompt notification of the legal representative or interested family member of any room changes that occur. The Unit Coordinators will monitor the Charge nurses daily (Sunday—Saturday) to ensure prompt notification of the legal representative or interested family member of any room changes that occur. The Unit Coordinators will monitor the Charge nurses daily (Sunday—Saturday) to ensure prompt notification	PAEFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PAEF		(EACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPR	ULD BE	
The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of maintain a daily logbook of their daily monitoring of notification of room	F 282	stated: "This is not moved around!" On 08/25/10 at 11:3 facility Administrator the usual procedure for responsible party refurther interview reDirector was responsedent care. On 08/25/10 at 2:33 Services Director resident's responsitionaries on that reside parties of a resident readmitted from the On 08/26/10 at 12:3 who was Resident 03/29/10, revealed Daughter on the phon that date but contold the Daughter that different room. Review of the Nurse documentation regroom assignment of #15. 483.20(k)(3)(ii) SEI PERSONS/PER Comust be provided in the provided in the services provided in the services provided in the provided in the provided in the services provided in the services provided in the services provided in the provided in the services provided in the s	my room! My stuff has been 30 AM, Interview with the revealed she did not know notifying the family or agarding a bed change, wealed the Social Services heible for this category of 5 PM, interview with the Social evealed she notified a be party of bed changes as a consible parties. Further t was the responsibility of the ent's unit to notify responsible t room change when they are a hospital or any other facility. 55 PM, interview with LPN #3, #15's admitting nurse on she spoke with his/her cone regarding the readmission and not recall if she specifically he resident was readmitted to es' Notes revealed no arding family notification of change, related to Resident RVICES BY QUALIFIED ARE PLAN ded or arranged by the facility by qualified persons in			Services Director implements form to be mailed to the legal representative or interested from member to notify them when change occurs (Attachment A Social Services Director sent verify current address and phof the residents' legal represe interested family member on Facility Administration reviet policy and procedure for not accidents, significant change to alter treatment, and transfed discharges on 09/15/10 and to Coordinators and DON in-set Nurses on the Notification of Residents Condition policy of and 09/17/10. The Unit Coand Medical Records will make Charge Nurses and SSD dail Saturday) to ensure prompt to fithe legal representative or family member of any room occur. The Unit Coordinator monitor the Charge nurses desaurday) to ensure prompt notification of the legal representative or family member of any room occur. The Unit Coordinator monitor the Charge nurses desaurday) to ensure prompt notification of the legal representative or family member of any room accidents, significant change alter treatment and transfer a discharge. The Unit Coordinator maintain a daily logbook of	amily a room A). The a request none number entative or 09/16/10 wed curre ification of s, the needers and the Unit bruiced all f Change on 09/16/1 ordinators onitor the ly (Sunday notification changes t rs will aily (Sunday tesentative any es, need to and nators will their daily	er ont f d /- n hat hat

09-17-10:09:17AM; PRINTED: 09/09/2010 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING 185314 08/26/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 115 PIONEER TRACE PIONEER TRACE NURSING HOME FLEMINGSBURG, KY 41041 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG **DEFICIENCY**) F 282 Continued From page 3 F 282 changes, accidents, the need to alter treatment, significant changes, and transfers and discharges. The Administrator will audit the SSD's This REQUIREMENT is not met as evidenced implementation of the new notification Based on observation, interview and record of room change form by comparing review, it was determined the facility falled to room changes with the notification log ensure care was provided in accordance with weekly. The Unit Coordinators will residents' Comprehensive Plan of Care for three report all findings to the DON Monday-(3) out of fifteen (15) sampled residents (Resident #10, #11, and #12). Friday in the morning QA meeting and monthly to the Quality Assurance The findings include: Committee. The Unit Coordinators and Medical Records will report all findings 1. Review of Resident #10's clinical record revealed diagnoses which included Blind in right to the Administrator immediately and to eye, Dementia, Hallucinations, Coronary Artery the Quality Assurance Committee Disease (CAD) and Hypertension. monthly (comprised of the Administrator, DON, Unit Coordinators. Review of the Minimum Data Set (MDS) dated 05/28/2010 revealed the facility assessed Medical Director, MDS Coordinator, Resident #10 as being moderately impaired SSD, Consulting Pharmacist, and related to cognition, poor decisions making skills Owners) monthly. The Administrator and as needing cueing and supervision. and DON will report all findings to the Review of Resident #10's Comprehensive Plan of Quality Assurance Committee monthly. Care, dated 08/25/2010, revealed the facility had The Quality Assurance Committee will identified the resident as being at risk for falls. review the results reported and will track The Plan of Care included an intervention for the and trend the results to determine if use of a pressure alarm while up in a wheelchair,

09/18/10

in a wheelchair,

as well as a pressure alarm to bed.

Observation of Resident #10, on 08/24/2010 at 5:55 PM, In the dining room revealed the resident

failed to have a pressure alarm in place, while up

Interview with Licensed Practical Nurse (LPN) #1, on 08/26/2010 at 2:38 PM revealed she dld not

changes are needed or further staff

education is warranted.

STATEMENT AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTE	PLE CONSTRUCTION	(X3) DATE SURVEY, COMPLETED	<u>* * .</u>
1		185314	B. WING _		C 08/26/2010	
	ROVIDER OR SUPPLIER R TRACE NURSING H	OME	1 1	NEET ADDRESS, CITY, STATE, ZIP GO 15 PIONEER TRACE LEMINGSBURG, KY 41041		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COMPLET	
F 282	#10's wheelchair. I been given report	alarm was not on Resident LPN #1 revealed all staff had elated to the use of alarms place. inical record revealed liagnoses which included on's Disease, Osteoarthritis neration. dated 07/12/10 revealed the esident #11 as having poor ills and supervision was #11's Comprehensive Plan of 10, revealed the the facility had ent as being at risk for falls. An Plan of Care included the use of alarm in order to alert staff ttempts to tollet without asking 26/10 at 2:55 PM of Resident ealed when the bathroom door orms sounded. #3 on 08/26/10 at 3:05 PM was turned off. LPN #3 should always be turned on 1's risk for falls. The nurse ents staff the Resident is alone, Further interview as unaware of how long the m has been turned off and was importent because the	F 282	Resident # 10's pressure immediately placed in w Resident #11's bathroom immediately turned on. Dycem was immediately bedside chair. The Unit Coordinators reresidents care plans to enwere being followed on 09/01/10, 09/02/10. No found to be affected by a practice. The Unit Coor responsible for conducting (Sunday-Saturday) round implementation of the recare. All nursing staff w by the Administrator and Coordinator on 09/13/10 on consistently following plan of care. The Unit Coreport all findings to the Friday in the morning Quantity of the Quality A Committee. The Quality A Committee will review the reported and will track at results to determine if chanceded or further staff edwarranted.	heelchair. In door alarm was Resident # 12's I placed in her Eviewed all Insure care plans 08/31/10, I residents were This deficient I dinators will be Ing daily I sto ensure staff I sidents' plan of I sa in-serviced I Unit I and 09/14/10 I sa resident's I coordinators will I DON Monday- A meeting and I assurance I Assurance I he results I dind trend the I anges are	5/10
				<u> </u>		. 40

8/ 24

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		AULTIPLE CONSTRUCTION (X3) DATE BURYEY COMPLETED		TED	
	,	185314	e, win	IG		08/26	5/2010·
	ROVIDER OR SUPPLIER R TRACE NURSING H	IOME		1	EET ADDRESS, CITY, STATE, ZIP CODE 15 PIONEER TRACE LEMINGSBURG, KY 41041		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL. SO IDENTIFYING INFORMATION)	ID PREFI TAQ		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULO BE	(X6) COMPLETION DATE
F 282 F 323 SS=D	05/13/10 to alert st to toilet alone. 3. Review of Resi revealed diagnose: Cerebrovascular Arcosteoarthritis, and Review of the MDS facility assessed the decision making alert Review of Resider Care Plan, dated 0 had identified the ran Intervention of the use of Dycem to his added to the plan of the chair. Interview with LPN revealed Resident bedside chair to ke the chair. 483.25(h) FREE OHAZARDS/SUPERTHE facility must elenvironment remains is possible; and	Comprehensive Care Plan on aff to Resident #11 attempting dent #12's clinical record which included ecident, Dementia, history of Left Hip Fracture. Is dated 08/11/10 revealed the e resident as having poor cills and needing supervision. Int #12's the Comprehensive 8/11/10, revealed the facility esident as being at risk for fall, he Plan of Care included the s/her bedside chair, which was on 05/02/10. In the property of the facility esident as being at risk for fall, he Plan of Care included the s/her bedside chair, which was on 05/02/10. In the property of the pro			F 323 Resident # 10's pressure alarimmediately placed in whee Resident #11's bathroom do immediately turned on. Resident was immediately plabedside chair. The Unit Conference of the Conference	lchair. or alarm w ident # 12' ced in her ordinators lans to s followed	'as s
*ORM CM8-28	587(02-99) Prévious Versions	Obsolete Event ID: 80JI11		Fa	on 08/31/10, 09/01/10, and 0	19/02/10,	ae 6 of 1°

PIONEER TRACE NURSING HOME 198314 THE UNIT COORDINATE PROVIDER ON SUPPLIER PIONEER TRACE NURSING HOME 198314 THE UNIT COORDINATE PROPERCED BY PULL FEBRUATION WIST BE PRECEDED BY PULL FEBRUATORY ON HIST BE PRECED BY HIST BE PRECEDED BY HIST BE PRECEDED BY HIST BE PRECED BY HIST BE PRECED BY HIST BE PRECED BY HIST BE PRECEDED BY HIST BE PRECED BY HIST BE PRECED BY HIST BE PRECEDED BY HIST BE PRECEDED B	CENTE	19 FOR MEDICARE	& MEDICAID SERVICES				<u>OMB NO.</u>	<u>0938-0391</u>
NAME OF PROVIDER OR SUPPLIER PRONEER TRACE RURSING HOME SUMMARY STATEMENT OF DESIGNATION FLEMINGSBURG, KY 41041 SUMMARY STATEMENT OF DESIGNATION FREQUENT OF YOR USE DENTIFYING INFORMATION) FREGULATORY OR USE DENTIFY ACTION SOURCES AND SOURCES. The Unit Coordinators excident on USE DENTIFY ATMOSPHING TO CONTINUE TO CONTINUE TO THE INFORMATION ON SOURCES OF THE INFORMATION ON SOURCES OF THE INFORMATION OF THE INFO			(X1) PROVIDER/8UPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
PIONEER TRACE NURSING HOME SUMMARY STATELERING DEFICIENCY FREFT TAGE SUMMARY STATELERING SHOWS TO DEFICIENCIES FREED (EACH CORRECTION CONTROL ISO DEFICIENCY FREED (EACH CORRECTION CONTROL ISO DEFICIENCY TAG FROM CORRECTION CONTROL ISO DEFICIENCY FREED (EACH CORRECTION CONTROL ISO DEFICIENCY FREED CANDES TO THE APPROPRIATE CROSS-REFERENCE TO THE APPROPRIATE TAGE TAGE TAGE THE UNIT COORDINATE TAGE TAGE TAGE THE UNIT COORDINATE TAGE TAGE TAGE THE UNIT COORDINATE TAGE			185314	B. Wii	νG	b	I -	
CAND BITCHORY WIST BE PROCESSORY STATES BY PROCESSORY STATES BY PROCESSORY THE APPROPRIATE CAND SHOULD BE CACHE APPROPRIATE CAND SHOULD BE CACHE APPROPRIATE DEFOICEMENT AND SHOULD BE CACHE APPROPRIATE THE APPROPRIATE AND SHOULD BE CACHE	٠,		OME .		.11	15 PIONEER TRACE	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review it was determined the facility failed to ensure the resident environment remains as free of accident hazards as possible; and each resident received assistive devices to prevent accidents for three (3) out of fitteen (15) sampled residents (Resident: #10, #11, and #12). The findings include: The Medication Aides will be responsible for completing working properly. The Medication Aides will be responsible for completing adaily log book of their checks. Nursing staff were in-serviced on 109/13/10 and 09/14/10 on conducting the checks of ordered fall prevention measures by the Administrator and Unit Coordinators will be responsible for checking the checks of ordered fall prevention measures by the Administrator and Unit Coordinators will be responsible for checking the checks of ordered fall prevention measures by the Administrator and Unit Coordinators will be responsible for checking the checks of ordered fall prevention	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF	'ux	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION 9HO CROSS-REFERENCED TO THE APPR	ULD BE	COMPLETION DATE
unaware why the resident's alarm was not in place. LPN #1 stated that all staff had been given report for all alarms, and were expected to ensure	F 323	This REQUIREMENT by: Based on observation review it was determensure the resident of accident hazards resident received a accidents for three residents (Resident The findings included 1. Review of the classident#10 diagnormal findings included 1. Review of the classident#10 diagnormal findings included 1. Review of the classident#10 diagnormal findings included in Right Eye, Deme Coronary Artery District Hypertension. Rev (MDS) dated 05/28 assessed the residuated to cognition skills, and needing The Comprehensiv 08/25/2010, was rewinded idetnified Residuals. However, Residuals. H	on, Interview, and record mined the facility failed to environment remains as free as possible; and each ssistive devices to prevent (3) out of filteen (15) sampled it: #10, #11, and #12). Finical record revealed poses which included Bilindness which included Bilindness white, Hallucinations and sease (CAD) and iew of the Minimum Data Set /2010 revealed the facility lent to be modertely impaired, with poor decision making supervision. For Care Plan, dated viewed and revealed Resident pressure alarm to his/her of and while in bed. The faility dent #10 was to be at risk for seldent #10 was observed, on M, to not have the pressure is/her wheelchir.	F	323	The Unit Coordinators check all devices and interventions implemented and working pro 08/26/10. No other residents to be affected by this deficie. An environmental tour of the was conducted by the Unit Coand the Maintenance Director 08/31/10. No areas of conceidentified. The Medication be responsible for conductin (Sunday-Saturday) check of physician ordered fall prevent measures to ensure they are working properly. The Medication and daily log book of their check Nursing staff were in-serviced 09/13/10 and 09/14/10 on conceidentified. The Unit Coordinator. The Unit Coordinator. The Unit Coordinator and log book to implementation of daily check The Unit Coordinators will a findings to the DON Mondathe morning QA meeting and the Quality Assurance Commitmentation of Director will considered to the Coordinator of the Quality Assurance Commitmentation of Director will considered to the Coordinator of the Quality Assurance Commitmentation of Director will considered to the Coordinator of the Quality Assurance Commitmentation of Director will considered to the Coordinator of the Quality Assurance Commitmentation of Director will considered to the Coordinator of Don Mondathe Coordinator of Don	were coperly on a were found practice of facility coordinato or on were Aides will ga daily all nation or completic cks. The cks. The completic cks. The cks. The completic cks. The completic cks. The completic cks. The completic cks. The cks.	nd ng the it vill

CENTER	RS FOR MEDICARE	AND HUMAN SERVICES				FORM	: 09/09/2010 APPROVED : 0938-0391
STATEMENT AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		PLE CONSTRUCTION	(X3) DATE 8 COMPL	urvey Eteo
		185314	e, wii	NG _		08/2	C 26/2010 ·
	ROVIDER OR SUPPLIER	IOME		t.	REET AODRESS, CITY, STATE, ZIP CODE 15 PIONEER TRACE LEMINGSBURG, KY 41041		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEPICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREP TAG		PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 323	08/26/2010 at 2:43 08/24/2010 (diuring Coordinators had li alarms usage and nursing station. 2. Review of the ci Resident #11 diagr Dementla, Chronic Disease, Parkinsor Macular Degeneral 07/12/10 revealed #11 as having poor supervision was new door alarm was added a plan of Care on O Resident #11's attefor assistance. This the facility as being obervation on 08/2 Resident #11's batteno alarms sounded LPN #3 was interviand stated the alarm because Resident alerts staff the residuance. LPN #3 was bathroom alarm had alarm	ctor of Nursing (DON) on PM revealed that on Intervented staff on restraint versions a memo was placed at each each each each each each each each	F	323		le. The report all tor Monday meeting and surance mittee. The tree and iew the result trend the ages are cation is	- d ne
	3. Review of the c	linical record revealed					

09-17-10;09:17AM;

11/ 24

PRINTED: 09/09/2010 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A BUILDING B. WING 185314 08/26/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 116 PIONEER TRACE PIONEER TRACE NURSING HOME FLEMINGSBURG, KY 41041 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID ·(X4) ID PREFIX (X6) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY F 323 Continued From page 8 F 323 Resident #12 diagnoses included Cerebrovascular Accident, Dementia, Osteoarthritis, and history of Left Hip Fracture. Review of the MDS dated 08/11/10 revealed the facility had assessed the resident to have poor decision making skills and needing supervision. The Comprehensive Care Plan dated 08/11/10 revealed an intervetion related to the use of Dycem to his/her bedside chair, and was identifed to be at risk for falls. However, observation on 08/26/10 at 3:25 PM revealed Resident #12 Dycem was not placed in the bedside chair. Interview with LPN #3 on 08/26/10 at 3:25 PM revealed Resident #12 was to have Dycem to bedside chair to keep her from slipping out of the chair. She further explained to the CNAs who were using a lift to raise the Resident from the chair the Dycem was to go on top of the absorbant pad in the bedside chair. Record review revealed the Dycem had been added to the Comprehensive Care Plan on 05/02/10 related to Resident #12 being considered at risk for falls. F 371 F 371 483.35(I) FOOD PROCURE. F 371 STORE/PREPARE/SERVE - SANITARY 88¤E The Maintenance Director immediately removed the ice on the freezer door. The facility must -

authorities; and

under sanitary conditions

(1) Procure food from sources approved or

(2) Store, prepare, distribute and serve food

considered satisfactory by Federal, State or local

The Dietary Manager immediately

removed the turkeys from their location

and placed them on the bottom shelf of

the refrigerator. The Dietary Manager

immediately removed the plastic storage boxes and placed them at least 18 inches from the ceiling. The Dietary Manager

CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			<u> </u>	OMB NO.	0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M	ULTIF	PLE CONSTRUCTION	(X3) DATE SU COMPLE	IRVĖY !
AND PLAN C	P COMEONON	IDENTIFICATION NOMBER.	A. BUI	LDIN	Ğ	Ł	 C
		185314	B. WI	/G		1	8/2010
NAME OF P	ROVIDER OF SUPPLIER		,	STA	EET ADDRESS, CITY, STATE, ZIP CODE		
PIONĖEI	R TRACE NURSING H	IOME			16 PIONEER TRACE LEMINGSBURG, KY 41041	•	•
(X4) ID PREFIX TAG-	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ıx	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	DULD BE	(X6) COMPLETION DATE
F 371	by: Based on observat determined the factored, prepared, conditions. The findings included a large amount of inside of the freeze to be approximated. Interview with the finite of the door when need. She further supposed to be comaintenance was contractor. She state condition for a could interview with the finite of the contractor had the present time. Echipped off of the contractor of the contractor had the present time.	NT is not met as evidenced lon and Interview, it was ility failed to ensure food was and distributed under sanitary. The ice was observed to build up was noted on the or door. The ice was observed y a half and inch thick. Distary Manager on 08/24/10 at maintenance scrapes the ice in the staff notify him of the indicated a contractor was ming to fix the door seal and responsible for calling the ated the door had been in this	F	371	and Maintenance Director coinspection of the refrigerator storage area to ensure there wother areas of concern on 08 additional areas of concern widentified. The Dietary Manconducted a sanitation audit kitchen on 08/27/10 and no concern were identified. Fix Refrigeration will install the and adjust the inside striker freezer on 09/13/10. In-servall dietary staff on 09/03/10 09/09/10 on proper refrigerations to rage/thawing methods and storage by the Dietician and Manager. The Dietary Staff serviced on 09/17/10 by the maintaining proper sanitary throughout the kitchen. The Maintenance Director will weekly inspection of the free ensure there is no ice build Dietary Manager will conditispection of the refrigerate storage area to ensure all its stored properly. The Dieta	r; freezer as were no /24/10. No were ager of the entiareas of zers anew gask plate on the vice held for and ated of on dry l Dietary f were inconduct a conduct a cezer to up. The uct a week or and dry ems are	nd o ire et ne or
,	the door had been that every couple of replaced and it has 2. Observation on two (2) frozen turk	en replaced in April. He states e of months the gasket must be nas been this way for a long time. on 08/24/10 at 11:49 AM revealed irkeys sitting in a metal baking			will complete a weekly sand and the Dietician will componently sanitation audit of The Dietary Manager and I report all findings to the A	aitation aud plete a f the kitche Dietitian w dministrat	dit en. vill or
	pan in the refrigere	ator, thawing on top of a plastic			weekly in the morning QA	meeting a	and

TATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		186314	B. WING		C 09/26/2010
	ROVIDER OR SUPPLIER R TRACE NURSING		1	REET ADDRESS, CITY, STATE, ZIP 16 PIONEER TRACE LEMINGSBURG, KY 41041	······································
(X4) ID PREFIX TAG	(EACH DEFICIENT	FATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIPYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ON SHOULD BE COMPLETION DATE
F 371	Interview with the 08/25/10 at 11:45 been removed fro placed on the bott thaw. She further turkeys but still sh top of the onlons arack of the refrige 3. Observation of 08/24/10 at 11:25 boxes containing sweeteners were three (3) quarters was noted to existength along the vinterview with the 4:30 PM revealed not be stacked ar eighteen inches (hazard. She furth was stacked too in the stacked	Dietary Manager on on AM revealed the turkeys had mover top of the onlons and om rack of the refrigerator to indicated they were fully cooked ould not have been placed on and were moved to the lower rator to thaw. the dry food storage area on AM revealed plastic storage items such as artifical noted to be stored nine (9) and of an inch from the ceiling. This it for an approximate five (5) feet wall in the dry storage area. Dietary Manager on 08/26/10 at the stock in dry storage should by closer to the ceiling than 18) from the ceiling due to fire or indicated tha reason stock high was because the kitchen enough room for the stock	F 371	monthly to the Quality Committee. The Main and Dietary Manager findings to the Admin the morning QA meet the Quality Assurance Quality Assurance Coreview the results rep and trend the results to changes are needed of education is warrante	will report all istrator weekly in ing and monthly to c Committee. The mmittee will orted and will track to determine if r further staff
			:		

09-17-10;09:17AM;

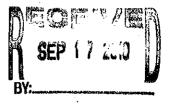
711mm111mv # 24/ 24

Pioneer Trace Nursing and Rehabilitation

101 Pioneer Trace Flemingsburg, KY 41041 (606)845-2131

NOTIFICATION OF ROOM CHANGE

This is to inform you thatonononfacility at (606)845-2131.	was moved to room				
on	If you have any questions, please contact the				
facility at (606)845-2131.					
Thank You,					
Facility Representative					



		AND HUMAN SERVICES & MEDICAID SERVICES			FORM /	09/08/2010 APPROVED 0938-0391
TATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/BUPPLIER/CLIA IDENTIF CATION NUMBER:	(X2) MULT A. BUILDI	TIPLE CONSTRUCTION NG 01 - MAIN BUILDING 01	(X3) DATE 8U COMPLE	AVEY
		185314	B. WING		08/24	1/2010
	ROVIDER OR SUPPLIER R TRACE NURSING H	OME		THEET ADDRESS, CITY, STATE, ZIP CODE 115 PIONEER TRACE FLEMINGSBURG, KY 41041	. ,	-
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX DAY	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SE CROSS-REFERENCED TO THE AP DEFICIENCY)	KOULD BE	(X6) COMPLETION DATE
K 000	INITIAL COMMEN	rs	K 00	K000		
K 027 SS=F	concluded on 08/2- not to meet the mir Code of the Federa The highest scope identified was a "I NFPA 101 LIFE SA Door openings in a 20-minute fire prot- 1%-inch thick solid protective plates the from the bottom of Horizontal sliding of Doors are self-clos accordance with 19 not required to swill latching is not required.	moke barriers have at least a section rating or are at least bonded wood core. Non-rated lat do not exceed 48 inches the door are permitted. Itoors comply with 7.2.1.14. Iting or automatic closing in 9.2.2.2.6. Swinging doors are no with egress and positive lired. 19.3.7.5, 19.3.7.6,	K 02	This plan of correction is not establish any standard of carobligation or position and P Nursing Home reserves the all possible contentions and any type of civil or criminal action or proceeding. Noth in this plan of correction she considered as a waiver to an applicable peer review, qua or self critical examination which Pioneer Trace Nursing does not waive and reserved assert any administrative, corriminal action or proceeding. Trace Nursing Home offers responses, credible allegation compliance and plan of corrections and plan of corrections.	re, contract ioneer Trac right to rais defenses in claims, ing contains ould be my potential lity assurantivileges as Home sthe right to ivil, or mg. Pioneer its	e d ly ce
	Based on observa determined the fac	Is not met as evidenced by: tion and interview, it was sillty falled to ensure access rriers were, according to NFPA		part of its ongoing efforts to quality of care to residents		
	The Findings Inclu	de:			÷	
		1/24/2010 at 12:20 PM,		NEC-		

LABORATORY DIRECTORS OF PROVIDER/SUPALIER REPRESENTATIVE'S SIGNATURE

interview on 08/24/2010 at 12:20 PM, with the Maintenance Director, revealed he was unaware

doors located in the attic had make shift doors in the smoke barriers. These doors must be approved doors designed for this use.

Any deliciency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other eafequards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

(BK)

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SUF COMPLET	
		186314	8. WI	1G	· · · · · · · · · · · · · · · · · · ·	08/24	/2010
	ROVIDER OR SUPPLIER TRACE NURSING H	IOME		11	EET ADDRESS, CITY, STATE, ZIP CODE 5 PIONEER TRACE LEMINGSBURG, KY 41041		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X6) COMPLETION DATE
K 027	Reference: NFPA 19.3.7.3 Any required smokin accordance with fire resistance ratin 8.3.2" Continuity. Smoke barriers recontinuous from arwall, from a floor to barrier to a smoke thereof. Such barriall concealed space a ceiling, including 8.3.6.1 Pipes, conduits, buducts, prieumatic to building service explications and smoke if follows: (1) The space betthe smoke barrier conditions: a. It shall be filled of maintaining the barrier. b. It shall be protthat is designed for (2) Where the perpenetrate the smoke solidly set in the silbetween the Item.	n the smoke barrier had to be sign. 101 (2000 Edition). The barrier shall be constructed Section 8.3 and shall have a right of not less than 1/2 hour. The provided wall to an outside the shall be continuous through earlier or a combination ers shall be continuous through es, such as those found above interstitial spaces. The ducts, cables, wires, air ubes and ducts, and similar pulpment that pass through carriers shall be protected as tween the penetrating item and shall meet one of the following of with a material that is capable smoke resistance of the smoke rected by an approved device or the specific purpose. The trating item uses a sleeve to ke barrier, the sleeve shall be moke barrier, and the space and the sleeve shall meet one	K	027	The Facility purchased five (barrier access doors that mee exceed the requirements of N. The new smoke barrier access were installed on 09/13/10 at The Maintenance Director w a weekly walk-thru inspection attic to ensure the new smoke access doors remain in proper order. The Maintenance Director at Maintenance Director and to the Quantum Administrator and to the Quantum Assurance Committee and S. Committee monthly. The Quantum Committee will review the reported and will determine changes are warranted.	t and IFPA 101. IFPA 101. IFF A 101. IFF A 109/14/10 IFF A 109/14/14/14/14/14/14/14/14/14/14/14/14/14/	
	of the following co a. It shall be filled	d with a material that is capable					
				_			

PRINTED: 09/08/2010 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING 01 - MAIN BUILDING 01 B. WING 105314 08/24/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 115 PIONEER TRACE PIONEER TRACE NURSING HOME FLEMINGSBURG, KY 41041 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X&) COMPLETION PREFIX (ÉACH DÉFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) K 027 Continued From page 2 K 027 of maintaining the smoke resistance of the smoke barrier. b. It shall be protected by an approved device that is designed for the specific purpose. (3) Where designs take transmission of vibration into consideration, any vibration isolation shall meet one of the following conditions: It shall be made on either side of the smoke barrier. b. It shall be made by an approved device that is designed for the specific purpose. K 062 NFPA 101 LIFE SAFETY CODE STANDARD K 062 K 062 SS≃D Required automatic sprinkler systems are The two sprinkler heads in the kitchen continuously maintained in reliable operating were immediately cleaned. Simplex condition and are inspected and tested Grinnell replaced the sprinkler head in periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 the oxygen storage room on 09/14/10. The Dietary Manager added routine weekly cleaning of the sprinkler heads in the kitchen to the current cleaning This STANDARD is not met as evidenced by: Based on observation and Interview, it was schedule each Tuesday. Dietary determined the facility failed to ensure sprinkler cleaning staff was in-serviced by the heads were maintained, according to NFPA Dietary Manager and Maintenance standards. Director on 09/14/10 on proper cleaning of sprinkler heads. The Maintenance The findings include: Director will perform a weekly Observation on 08/24/2010 at 12:40 PM. inspection of all facility sprinkler heads revealed two (2) sprinkler heads in the kitchen to ensure they are in proper working area had a buildup of lint and grease. Further observation revealed one (1) sprinkler head in the order. oxygen storage room was corroded. The observations were confirmed with the Maintenance Director, at the time of the

observation. Sprinkler heads must be kept free of lint, grease and corrosion to ensure the sprinkler

heads function in the event of a fire.

PRINTED: 09/08/2010 FORM APPROVED

CENTE	10 FUN WEDICAME	& MEDICAID SERVICES	:	1		OMB_NO. 0	1938-039	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDIN		CONSTRUCTION 01 - MAIN BUILDING 01	(X9) DATE SURVEY COMPLETED		
		185314	8. WIN	G		08/24/	2010	
,	ROVIDER OA SUPPLIER R TRACE NURSING H	OME		116	TADDRESS, CITY, STATE, ZIP CODE PIONEER TRACE	_		
		<u> </u>		FLE	MINGSBURG, KY 41041			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPRIES DEFICIENCY)		HOULD BE	(X6) COMPLETION DATE		
K 062	Continued From page 3		K	K 062 The Maintenance Director will report all findings immediately to the				
	Interview on 08/24/2010 at 12:40 PM, with the Maintenance Director, revealed he was unaware of the deficient sprinkler heads. Reference: NFPA 25 (1998 edition) 2-2.1.1* Sprinklers shall be inspected from the			Administrator and to the Quality Assurance Committee and Safety Committee monthly. The Quality				
-				, C	Assurance Committee and Safety Committee will review the results reported and will determine if any			
	floor level annually. Sprinklers shall be free of corrosion, foreign materials, paint, and physical damage and shall be installed in the proper orientation (e.g., upright, pendant, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation.				hanges are warranted.		10 m = 1	
							9/15/10	
K 072	NFPA 101 LIFE SA	FETY CODE STANDARD	K ('	072			
SS=F	Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10 This STANDARD is not met as evidenced by: Based on observation and interview, the facility falled to ensure corridors were maintained free from obstructions to full instant use, in the case of fire or other emergency, according to NFPA standards. The findings include: Observation on 08/24/2010 at 12:37 PM, revealed in the A corridor there were three (3) medicine carts and two (2) clean linen carts found		The medicine carts and clean linen carts' were immediately removed from A corridor and B corridor while not in use. The Nursing staff was in-serviced on 09/14/10 on proper storage of the medicine and linen carts while not in use by the Administrator. The Unit Coordinators will conduct daily rounds to monitor proper storage of the carts					
				w W M M	thile not in use. The Unit ill report all findings to the londay-Friday in the mor- lecting and monthly to the ssurance Committee and	Coordinators ne DON ning QA e Quality the Safety		
				C w tr	ommittee. The Quality A committee and the Safety all review the results repeated and trend the results	Committee orted and will to determine i	f	
			L,	ci	hanges are needed or furti	ner start	004154	

PRINTED: 09/08/2010 DEPARTMENT OF HEALTH AND HUMAN SERVICES **FORM APPROVED** CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/BUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: COMPLETED A BUILDING . 01 - MAIN BUILDING 01 8. WING 185314 08/24/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 115 PIONEER TRACE PIONEER TRACE NURSING HOME FLEMINGSBURG, KY 41041 BUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION 1D (XE) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY K 072 Continued From page 4 K 072 unattended and not in use. Further observation on the B Corridor revealed there were three (3) medicine carts and two (2) clean linen carts found to be unattended and not in use. These items also blocked the handrails for residents that may have needed to use them. The observations were confirmed with the Director of Maintenance, at the time of the observation. Interview on 08/24/2010 at 12:37 PM, with the Director of Maintenance, revealed the medicine carts and clean linen carts were routinely left in the corridors. K 073 NFPA 101 LIFE SAFETY CODE STANDARD K 073 K 073 SS=E The wreaths were removed immediately No furnishings or decorations of highly flammable on room numbers 12, 34, and 29. The 19.7.5.2, 19.7.5.3, 19.7.5.4 character are used. Maintenance Director conducted a walkthru inspection of the facility and found no other decorations of concern on This STANDARD is not met as evidenced by: 08/24/10. The Social Services Director Based on observation and interview, it was will send a letter to all current residents' determined the facility falled to ensure combustible decorations were not in ase, families informing them that all new according to NFPA standards. decorations brought into the facility must be inspected by the Maintenance The findings include: Director prior to placement in a resident Observation on 08/24/2010 at 12:30 PM. room. The Activities Director will revealed combustible wreaths were found on conduct an inspection of the facility resident's room doors, the room included rooms weekly to ensure no items are brought numbers 12, 34, and 29. The observation was

retardant.

time of the observation.

confirmed with the Maintenance Director, at the

Interview on 08/24/2010 at 12:30 PM, with the Maintenance Director, revealed the facility does

not treat decorations with any kind of fire

into the facility of concern.

PRINTED: 09/08/2010 DEPARTMENT OF HEALTH AND HUMAN SERVICES **FORM APPROVED** CENTERS FOR MEDICARE & MEDICAID SERVICES <u>OMB NO. 0938-0391</u> STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A, BUILDING 01 - MAIN BUILDING 01 B. WING 186314 08/24/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 115 PIONEER TRACE PIONEER TRACE NURSING HOME FLEMINGSBURG, KY 41041 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PAEFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) K 076 NFPA 101 LIFE SAFETY CODE STANDARD K 076 Activities Director will report all SS=D findings to the Maintenance Director Medical gas storage and administration areas are immediately. Any item of concern will protected in accordance with NFPA 99, Standards be removed from the facility or treated for Health Care Facilities. with fire retardant. The Maintenance (a) Oxygen storage locations of greater than Director will report the findings to the 3,000 cu.ft. are enclosed by a one-hour Administrator immediately and to the separation. Quality Assurance Committee and (b) Locations for supply systems of greater than Safety Committee monthly. The Quality 3,000 cu.ft. are vented to the outside. NFPA 99 Assurance Committee and Safety 4.3.1.1.2, 19.3.2.4 Committee will review the results reported and will determine if any changes are warranted. 09/15/10 This STANDARD is not met as evidenced by: Based on observation and interview. It was determined the facility falled to ensure combustible materials were not stored within five (5) feet of oxygen cylinders, according to NFPA standards. The findings Include: Observation on 08/24/2010 at 1:04 PM, revealed combustible materials, which included tollet paper, cardboard boxes and cleaning supplies. were stored within five (5) feet of oxygen cylinders. The observation was confirmed with the Maintenance Director, at the time of the observation.

Interview on 08/24/2010 at 1:04 PM, with the Maintenance Director, revealed he was unaware that combustibles should not be stored within five

(5) feet of the oxygen cylinders.

		AND HUMAN SERVICES				FORM	09/08/2010 APPROVED 0938-0391			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING 01 - MAIN BUILDING 01			OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED					
		185314	B. Wil	VG		08/24/2010				
PIONEE	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 116 PIONEER TRACE FLEMINGSBURG, KY 41041						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG				(X6) COMPLETION DATE			
K 076	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		K	vere the oxygen other facility so a identified. re now The erform a no d in the Maintenand ings to the and to the ee and The Quali afety esults if any	no					
•	•				•					